FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

FILED

May 18 1998 8:00am

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1, Corporation Name 414341

(8)

CONTEMPORARY HOUSING CONCEPTS, INC. Principal Place of Business Mailing Address -2005-B.-BAYOHORE DR - 2005 9: BAYSHORE DR M-103 **COCONUT GROVE FL 99133** DO NOT WRITE IN THIS SPACE OOOONUT GROVE FL 93133 3. Date Incorporated or Qualified 12/08/1972 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1434017 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GARS, IRWIN S. 2005 G. BAYSHORE DR 82 M-103 83 COCONUT GROVE FL 33133 ite of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ligation of Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Section 1. Lam familiar with, and accept the do-**&IGNATURE** (NOTE Registered Agent signature required when reinstating) OFFIG ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETE TITLE 1.1 TITLE Change Addition NAME GARS. IRWIN S. 1.2 NAME ANIMOTON AT E STREET ADDRESS 2005 S. BAYSHORE DR M103 1.3 STREET ADDRESS 0000NUT GROVE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITL F 2.1 TITLE Dixon, Robert 2.2 NAME 2005-9: BAYSHORE DR-M102 STREET ADDRESS 2.3 STREET ADDRESS COCONUT GROVE FL CITY-ST-ZIP 2. 4 CITY-S1-ZIP TITLE DELETE 3 1 TITLE GARS, DIANNE NAME 3.2 NAME 2005 C. BAYCHORE DR M103. STREET ADDRESS 3.3 STREET ADDRESS COCONUT GROVE FI CITY-ST-7IP 3 4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.